

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/576,687		Filing Date 21 April, 2006		<input type="checkbox"/> To be Mailed					
				Applicant(s) MIKI, MITSUNORI						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED 12/27/2007		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	---	---					51						
2	---	---					52						
3	1						53						
4	1						54						
5		2					55						
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48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend		42					Total Depend						
Total Claims		45					Total Claims						

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